

Board of Adjustment Application to Appeal Administrative Decision

<u>APPLICATION FEE</u>

No filing fee is required for an appeal of an administrative decision.

APPLICATION INSTRUCTIONS

It is recommended that the applicant speak with Planning and Zoning Department staff prior to submitting the application. Contact staff at (336) 626-1201 ext. 292 to ensure application requirements are satisfied.

The application must be filed with the City Clerk no more than 30 days after written or constructive notice of the decision being appealed. A properly filed application normally will be heard at least 30 days after filing (see below.)

MEETING SCHEDULE*

Filing Date	BOA Meeting*
December 1, 2017	Tuesday, January 2, 2018
January 5, 2018	Monday, February 5, 2018
February 2, 2018	Monday, March 5, 2018
March 2, 2018	Monday, April 2, 2018
April 6, 2018	Monday, May 7, 2018
May 4, 2018	Monday, June 4, 2018
June 8, 2018	Monday, July 9, 2018
July 6, 2018	Monday, August 6, 2018
August 3, 2018	Tuesday, September 4, 2018
August 31, 2018	Monday, October 1, 2018
October 5 2018	Monday, November 5, 2018
November 2, 2018	Monday, December 3, 2018

^{*}Dates are tentative and subject to change check with staff to verify meeting dates.

Received by: Date:	Case Number:

APPLICANT INFORMATION	
Applicant	Applicant's Phone #
Applicant's Address	
Applicant's Email	
PROPERTY INFORMATION (If Applica	ble)
Property Owner's Name	
Property Size (ac. or s.f.)	
Randolph County Property Identification N	umber (PIN#)
Current Zoning District	
Date Property Title Acquired	Deed Book Page
Subdivision	Section Lot #
APPLICANT AND AGENT SIGNATUR	RES
It is understood by the undersigned that and considered, the burden of proof res	at while this application will be carefully reviewed sts with the applicant.
Name of Agent (if any)	Name of Applicant or Owner
Agent's Address	Applicant or Owner's Address
Telephone Number	Telephone Number

Applicant or Owner Signature

Agent Signature

STATEMENT BY APPELLANT/APPLICAN In the space provided below and/or on with and line of argument that you believe suppostate the precise action that you would like	an additional attachment(s), please state the facts ort your appeal. In providing this information, please
I certify that all the information presented by knowledge, information and belief.	me in this application is accurate to the best of my
	Cianatura of Applicant
	Signature of Applicant